

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 03/19/01?
- b. The request was received on 01/22/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 01/25/02. The response from the insurance carrier was received in the Division on 02/20/02. Based on 133.307 (i) the insurance carrier's untimely so the Commission shall issue a decision based on the request.
3. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 08/09/01 that... "This patient had an IDET done on 03/19/01 and was preauthorized Texas Workers' Compensation Commission. A copy of the SSO was submitted to the Carrier and continues to deny. This procedure was authorized with accordance with TWCC Rule 134.600." The provider is seeking reimbursement in the amount of \$6,125.00 for the date of service 03/19/01.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible is 03/19/01.

2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
03/19/01	64999	\$4,900.00	\$0.00	A	DOP	TWCC Rule 134.600(h) Advisory (2001-04)	According to the referenced Rule, pre-authorization is required for "outpatient surgical or ambulatory surgical services, as defined in subsection (a)." Per the Advisory 2001-04: "The Commission did not include IDET as a normative course of treatment in the Spine Treatment Guideline because it was determined that there were no existing scientific studies to support the use of IDET as a normal course of treatment. However, that determination does not preclude the procedure from being reimbursed in accordance with TWCC policy as clarified in this Advisory. IDET is not spinal surgery for purposes of TWCC Rule 133.206 (Spinal Surgery Second Opinion process). Therefore compliance with TWCC Rule 133.206 is not required. However, if the IDET procedure is performed in a hospital or as ambulatory surgical center care, preauthorization is required pursuant to TWCC 134.600(h)(1)." The dispute packet does not contain any preauthorization for the IDET procedure, therefore, reimbursement is not recommended.
03/19/01	64999-80	\$1,225.00	\$0.00	A	DOP	TWCC Rule 134.600(h) Advisory (2001-04)	SAME AS ABOVE
Total		\$6,125.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 17th day of April 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.